

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/940,698** FILING DATE

APPLICANT(S)

214-6 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	1					
16						
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18						
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20						
21	1					
22						
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27						
28						
29						
30						
31						
32	1					
33						
34						
35						
36						
37						
38					2	
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4				4	
TOTAL DEP.	33				20	
TOTAL CLAIMS	37				24	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS